

CPD PROGRAM EXEMPTION APPLICATION FORM

Background Information: <i>Please confirm you have read these policies</i>	To be reviewed prior to completing this form: <input type="checkbox"/> CPD Exemption process - Refer to the ACEM CPD Exemption Policy <input type="checkbox"/> Re-entry Requirements - Refer to the ACEM Re-entry Policy	
Applicant details:	Full Name: ACEM Membership ID:	
CPD Program: <i>Select one</i>	<input type="checkbox"/> Specialist CPD Program	<input type="checkbox"/> Non-Specialist CPD Program
Exemption reason and Duration: <i>Select one</i>	<input type="checkbox"/> Full-time Study (6 months) <input type="checkbox"/> Full-time Study (CPD Year) <input type="checkbox"/> Extended Travel (6 months) <input type="checkbox"/> Extended Travel (CPD Year) <input type="checkbox"/> Parental leave (6 months) <input type="checkbox"/> Parental leave (CPD Year) <input type="checkbox"/> Prolonged Carers leave (6 months) <input type="checkbox"/> Prolonged Carers leave (CPD Year) <input type="checkbox"/> Prolonged Illness (6 months) <input type="checkbox"/> Prolonged Illness (CPD Year) <input type="checkbox"/> Dual Fellowship – RACP (Paediatrics) (CPD year) <input type="checkbox"/> Dual Fellowship – CICM (CPD year) <input type="checkbox"/> Equivalent International CPD Program (CPD Year): (Name of program) <input type="checkbox"/> Procedural Skills exemption <input type="checkbox"/> Special Consideration	<input type="checkbox"/> Full-time Study (6 months) <input type="checkbox"/> Full-time Study (CPD Year) <input type="checkbox"/> Overseas Travel (6 months) <input type="checkbox"/> Overseas Travel (CPD Year) <input type="checkbox"/> Parental leave (6 months) <input type="checkbox"/> Parental leave (CPD Year) <input type="checkbox"/> Prolonged Carers leave (6 months) <input type="checkbox"/> Prolonged Carers leave (CPD Year) <input type="checkbox"/> Prolonged Illness (6 months) <input type="checkbox"/> Prolonged Illness (CPD Year) <input type="checkbox"/> Fellowship – RACGP (CPD Year) <input type="checkbox"/> Fellowship – ACRRM (CPD Year) <input type="checkbox"/> BPAC NZ recertification Program (CPD Year) <input type="checkbox"/> Special Consideration <input type="checkbox"/> FACEM Training Program
Explanation for Exemption request		
Proposed start date for exemption:	/ / (DD/MM/YY)	
Evidence required	<input type="checkbox"/> Evidence is attached	
Acceptance:	I acknowledge that: <ul style="list-style-type: none"> I have read and understood the relevant policies as outlined above this exemption application must undergo consideration by the ACEM CPD unit and/or ACEM CPD Committee I have attached evidence of my eligibility for this exemption 	
Signature & Date	Signature (not required if submitting by email): Date: / / (DD/MM/YY)	